



Welcome to JUST RUN!®



PARTICIPANTS:

Thank you for joining the JUST RUN® MIAMI LAKES program here at the Town of Miami Lakes. The program will run on Mondays and Wednesdays from 4:00 pm to 5:00 pm. The first day of practice will be Wednesday, October 2nd at 4:00 pm. Please meet at the Miami Lakes Picnic Park West located at 15151 NW 82nd Avenue, Miami Lakes, FL 33016. If you need to change clothes, please do so prior to coming to practice. (Please make sure you are committed to twice weekly practices, time for practice at home, a commitment to doing the Just Deeds and a positive attitude!)

All registration and forms must be completed and turned in to the Town of Miami Lakes prior to the first day of the program. This year's registration date will be held on Tuesday, September 17, 2013 from 4 pm to 6 pm at the Mary Collins Community Center (15151 NW 82nd Avenue, Miami Lakes, FL 33016).

PARENTS:

During the program, your child will need:

Comfortable clothes – something light for the warm weather conditions

Appropriate shoes -no platform tennis shoes, running shoes are best

A water bottle -with his/her name written on it

During each practice we will be warming up, playing active group games, working out, warming down, and having some talk time. We will be practicing at the following location: Miami Lakes Picnic Park West located at 15151 NW 82nd Avenue, Miami Lakes, FL 33016. Practice will begin at 4:00 p.m. Please pick up your child at the Miami Lakes Picnic Park West located at 15151 NW 82nd Avenue, Miami Lakes, FL 33016 no later than 5:00 p.m.

We are working toward three main goals:

1. Learning about and maintaining a healthy, active lifestyle
2. Participating in one or more goal races by the end of the school year
3. Running a total of 50 miles and doing 26 Just Deeds to earn a t-shirt

If your child does not run a complete mile at a time, miles may be recorded in half-mile increments. If a measured distance is not available, each twelve minutes your child runs non-stop (or 20 minutes if walking) may be counted as a mile. A great incentive for running at home with a parent is earning double miles! Each mile that you run or walk together, either after school or on a weekend, will count for two miles.

Your child will be given two log sheets, one of recording mileage run at home and one for recording Just Deeds. A parent must initial mileage and Just Deeds earned on the log sheets for them to be valid. It is recommended that the log sheets be brought to each workout so that we can keep each participant's miles and deeds recorded and updated on the website. (www.justrun.org)

We are looking forward to a very successful JUST RUN® MIAMI LAKES program!

Should you have any questions regarding the program, please contact Oscar Amuz, the Just Run Program Leader, at amuzo@miamilakes-fl.gov or by phone at (305) 469-0895 or you may contact Katya Lysak, Leisure Services Manager, at lysakk@miamilakes-fl.gov or by phone at (305) 698-9308.



TOWN OF MIAMI LAKES COMMUNITY AND LEISURE SERVICES DEPARTMENT

○ 6601 Main Street, Miami Lakes, FL 33014

Youth/Adult Activity Registration Form

ADULT ID# _____

1) PARTICIPANT'S INFORMATION *(Please print or type)*

Full Name _____
Last First Middle Birthdate Gender

Address _____
Number & Street City State Zip

Telephone _____ Email _____
Home Work Cellular

2) PARTICIPANT'S LEGAL GUARDIAN INFORMATION

Full Name _____
Last First Middle Birthdate

Telephone _____
Home Work Beeper Cellular Email

Full Name _____
Last First Middle Birthdate

Telephone _____
Home Work Beeper Cellular Email

3) INDIVIDUALS AUTHORIZED TO PICK UP CHILDREN

CODE WORD:

NAME _____ RELATIONSHIP _____

NAME _____ RELATIONSHIP _____

4) WAIVER AND CONSENT

For myself, as a participant, or as the parent or guardian of a minor child participating in activities or using any facilities of the Community and Leisure Services Department, I hereby waive any claim against the Town of Miami Lakes and its agents, servants and employees hereafter arising from injuries sustained while participating in or using said facilities to myself or said child. I do covenant to indemnify, hold harmless and defend the said Town, its agents, servants and employees from any claim, damages on demand hereafter arising out of any injury to said child or to myself regardless of whether such injury to said child or to myself is caused in whole or in part by the negligence of said Town or by the negligence of the agents, servants and employees of the Town.

I hereby give the Town of Miami Lakes my permission to transport and/or escort my child/children to and from the camp/program location for off-location field trips via Town van or commercial bus service and walking trips.

My child's image may appear in event/program related materials or advertisements and I agree that the Town of Miami Lakes may use my child's likeness without compensation. I have read, understand, and agree to all the terms of this document.

PARTICIPANT/ PARENT OR GUARDIAN OF PARTICIPANT SIGNATURE & DATE

Program Name _____

Date Received _____

Program Dates _____

Received From _____

Total Fee _____

Town Representative Signature _____

Payment Method _____

Miami Lakes Resident Y or N _____

JUST RUN® PERMISSION FORM

**THIS IS A LEGAL DOCUMENT. IT CONTAINS A RELEASE OF LIABILITY. PLEASE READ
CAREFULLY BEFORE SIGNING**

I realize that my child's participation in **JUST RUN®** will involve activity that is physically strenuous and may involve exposure to adverse weather. I understand that all physical activities involve some risks to the participants. I nevertheless wish my child to participate in **JUST RUN®** and assume the risk of any injury received during the course of the program

I give up any claims for injuries that my child may sustain, including death, and hereby release and agree to indemnify and hold harmless the Big Sur International Marathon, its directors and officers, employees and volunteers, suppliers, contractors, sponsors, the State of California, Licensed Satellite programs, **and anyone connected with the JUST RUN® program** from any and all claims, expenses and compensation, including attorneys' fees, that may arise out of, or result, directly or indirectly, from my child's participation in the "Just Run" program.

My child's image may appear in program related materials or advertisements and I agree that **JUST RUN®** may use my child's likeness without compensation. I have read, understand and agree to all the terms of this document.

Name of Child _____

Name of Parent or Guardian _____

Contact Phone Number of Parent or Guardian _____

Contact Email Address of Parent or Guardian _____

Signature of Parent or Guardian _____

Date _____

After signing, please give this form to your group leader who will retain this form for their school's or organization's records.





JUST RUN® FAMILY AND STUDENT CONTRACT

Name of Student: _____ Date: _____

Dear Parents/Guardians and Students - *We celebrate this opportunity to become partners in a very important job – helping students become physically fit and leading a healthy lifestyle. We encourage you to sign this contract together. Parents, please assist you child in taking responsibility for his/her physical activity and nutritional choices. Students, you can make healthy choices every day in what you do and in what you eat.*

Student Goals:

1. To run, walk, or participate in physical activity for at least 30 minutes each day.
2. To commit to the JUST RUN program and to eventually be able to run or walk at least 3 miles with my group.
3. To learn how to make better nutritional choices.
4. To continue to be a good citizen and do Just Deeds to help others.

Student Responsibilities:

1. Participate regularly in the Just Run program and encourage others in the program.
2. To find time at home to run or walk or do physical activity outside of the JUST RUN program.
3. To make the right choices in what I eat and drink so that I am healthy.
4. To do Just Deeds to help others and to demonstrate that I am a good citizen.

Student Agreement:

I agree to JUST RUN and to participate in other fun physical activities with my group. I want to be healthy and I understand that I can make choices that make me healthier. I will try to run or walk or do other physical activity at least 30 minutes each day. I will watch less Television and play fewer video games. I will eat and drink what I know I should to make me healthy. I will try my hardest to help others and to help my family be more active.

Student Signature

Family Support Agreement:

We agree to support the efforts of our child in meeting the goals outlined above. We will encourage and support our child's other physical activity on a daily basis. We will encourage our child to eat properly and to make the correct decisions on nutrition. We will encourage our child to do Just Deeds and act as a good citizen.

Parent Signature



Before and After Child/Family Survey

Name of Student _____ Date _____ Grade in School _____

School/Program _____ Circle 1: Before or After the JUST RUN program

Age of Child _____ Is child Caucasian? _____ African American? _____ Hispanic? _____ Asian? _____ Other? _____ Decline to answer? _____

The purpose of this evaluation is to compare a child's responses to nutrition, attitude and fitness questions before and after participation in the JUST RUN program. It should be completed before the child begins the program, preferably at the beginning of the school year, and at the end of the school year when the program is over. This form should be filled out by the child and a parent/guardian OR a child and his/her JUST RUN program leader.

PLEASE COMPLETE THIS SECTION BOTH AT THE BEGINNING AND END OF THE JUST RUN PROGRAM

1. Height of Child in inches _____ Weight of child in pounds _____
2. Approximately how many hours of television do you watch each day? _____
3. Approximately how many hours of video/computer games each day? _____
4. What is your favorite physical activity? _____
5. How many days a week do you participate in physical activity for more than 30 minutes _____
6. Do you enjoy running? yes no
7. How many days a week do you run? _____
8. Have you ever attempted to run a mile? yes no If yes, how long did it take? _____
9. What is the longest distance you have ever run at one time? _____
10. Would you like to participate in a running race? yes no
11. Do you walk for exercise? yes no How many minutes does it take you to walk a mile? _____
12. Do you know what foods are healthy for you? yes no
13. Approximately, how many servings (8oz glass) of the following beverages do you drink each day?
Milk _____ Water _____ Juice _____ Soda _____ Sports Drinks _____
14. How many servings of sweets (candy, cookies, cake) do you eat each day? _____
15. How many servings of fruits and vegetables? _____

PLEASE COMPLETE THIS SECTION ONLY AT THE END OF THE JUST RUN PROGRAM

1. Are you making healthier food choices because of the Just Run program? Yes No
2. Will you continue to run or exercise on a regular basis, even though the Just Run program is over? Yes No
3. Have you encouraged other members of your family to develop a healthier lifestyle by eating better and exercising more? Yes No
4. Was the Just Run website helpful to you? Yes No How often did you view the website? (circle 1) Never Sometimes Often
5. How many miles did you run this year? _____
6. Did you run in your first race this year? yes no
7. How many Good Deeds (JUST DEEDS) did you perform and record this year? _____
8. What did you enjoy the most about the Just run program _____
9. What did you enjoy the least about Just Run? _____
10. Would you like to participate in the Just Run program next year? yes no

MY NAME IS _____

Just Run!®

MY GROUP LEADER IS _____

My Running Log

WEEK	MON	TUES	WED	THUR	FRI	SAT	SUN	+ MILES (run with parent)	TOTAL	PARENT INITIALS
1	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
11	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
12	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
13	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
14	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
15	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

COMMENTS: _____





Please check the item below once you have tasted it, studied it and shared it with your class or family.

Once you have checked 70 items your Group Leader can download and print your
Superstar Certificate of Achievement from the JUST Taste! link at www.justrun.org

Student Name: _____

Address: _____

School: _____ Phone # _____

FRUITS

<input type="checkbox"/> Apple	<input type="checkbox"/> Apricot	<input type="checkbox"/> Banana	<input type="checkbox"/> Blackberry
<input type="checkbox"/> Blueberry	<input type="checkbox"/> Cantaloupe	<input type="checkbox"/> Cherry	<input type="checkbox"/> Cranberry
<input type="checkbox"/> Date	<input type="checkbox"/> Fig	<input type="checkbox"/> Grape	<input type="checkbox"/> Grapefruit
<input type="checkbox"/> Guava	<input type="checkbox"/> Honeydew	<input type="checkbox"/> Huckleberry	<input type="checkbox"/> Kiwifruit
<input type="checkbox"/> Kumquat	<input type="checkbox"/> Lemon	<input type="checkbox"/> Lime	<input type="checkbox"/> Mandarin Orange
<input type="checkbox"/> Mango	<input type="checkbox"/> Nopal	<input type="checkbox"/> Olive	<input type="checkbox"/> Orange
<input type="checkbox"/> Papaya	<input type="checkbox"/> Passion fruit	<input type="checkbox"/> Peach	<input type="checkbox"/> Pear
<input type="checkbox"/> Persimmon	<input type="checkbox"/> Pineapple	<input type="checkbox"/> Plantain	<input type="checkbox"/> Plum
<input type="checkbox"/> Pomegranate	<input type="checkbox"/> Quince	<input type="checkbox"/> Raspberry	<input type="checkbox"/> Star Fruit
<input type="checkbox"/> Strawberry	<input type="checkbox"/> Tangerine	<input type="checkbox"/> Watermelon	<input type="checkbox"/> Wolfberry

VEGETABLES

<input type="checkbox"/> Artichoke	<input type="checkbox"/> Asparagus	<input type="checkbox"/> Avocado	<input type="checkbox"/> Bamboo Shoot
<input type="checkbox"/> Beet	<input type="checkbox"/> Bell Pepper	<input type="checkbox"/> Bok Choy	<input type="checkbox"/> Broccoli
<input type="checkbox"/> Brussels Sprout	<input type="checkbox"/> Butternut Squash	<input type="checkbox"/> Cabbage	<input type="checkbox"/> Carrot
<input type="checkbox"/> Cauliflower	<input type="checkbox"/> Celery	<input type="checkbox"/> Chard	<input type="checkbox"/> Chili Pepper
<input type="checkbox"/> Collard Greens	<input type="checkbox"/> Corn	<input type="checkbox"/> Cucumber	<input type="checkbox"/> Eggplant
<input type="checkbox"/> Endive	<input type="checkbox"/> Green Bean	<input type="checkbox"/> Jicama	<input type="checkbox"/> Kale
<input type="checkbox"/> Lettuce	<input type="checkbox"/> Mushroom	<input type="checkbox"/> Okra	<input type="checkbox"/> Onion
<input type="checkbox"/> Potato	<input type="checkbox"/> Pumpkin	<input type="checkbox"/> Radish	<input type="checkbox"/> Radicchio
<input type="checkbox"/> Rhubarb	<input type="checkbox"/> Spinach	<input type="checkbox"/> Sweet Potato	<input type="checkbox"/> Taro
<input type="checkbox"/> Tomato	<input type="checkbox"/> Tomatillo	<input type="checkbox"/> Turnip	<input type="checkbox"/> Watercress
<input type="checkbox"/> Yam	<input type="checkbox"/> Zucchini		

NUTS

<input type="checkbox"/> Almond	<input type="checkbox"/> Brazil Nut	<input type="checkbox"/> Cashew	<input type="checkbox"/> Coconut
<input type="checkbox"/> Macadamia	<input type="checkbox"/> Pecan	<input type="checkbox"/> Walnut	

LEGUMES

<input type="checkbox"/> Black-eyed Pea	<input type="checkbox"/> Chick Pea	<input type="checkbox"/> Faba Bean	<input type="checkbox"/> Flax Seed
<input type="checkbox"/> Lentils	<input type="checkbox"/> Lima Bean	<input type="checkbox"/> Pea	<input type="checkbox"/> Peanut
<input type="checkbox"/> Snow Pea	<input type="checkbox"/> Soybean	<input type="checkbox"/> Sunflower Seed	



MY JUST DEEDS

I have completed the following "JUST DEEDS"

DEED:

PARENT/TEACHER VERIFICATION (Initial)

1		
2		
3		
4		
5		
6		
7		
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